

BK 1569 PG 0691

STATE MS. - DESOTO CO.

FILED

ORDER TO CLERK TO CANCEL DEED OF TRUST

SEP 26 1 26 PM '02

MC
MCSTATE OF MISSISSIPPI
COUNTY OF DESOTOBK 1569 PG 691
W.F. DAVIS CH. CLK.

KNOWN ALL MEN BY THESE PRESENTS, that TIMOTHY L. WESTMORELAND, BENEFICIARY OF THE LAVERNE WESTMORELAND TRUST, the beneficiary, do hereby certify that those certain Deeds of Trust set forth below, made and executed by DAREN SCOTT CLIFTON, to the above named beneficiary and recorded in the Office of the Chancery Clerk of DeSoto County, Mississippi, in the records of Trust Deeds, are now fully paid and satisfied; and I do hereby authorize the Clerk of the Chancery Court of said county to enter satisfaction and certificate of payment in full upon said instruments and that this Order be recorded in the records of said county also as provided by law:

DATE OF INSTRUMENT:

BOOK/PAGE

01/30/98

966/506 and re-recorded in 968/208

THIS THE 14 DAY OF ^{SEPTEMBER} August, 2002.

By way of explanation, LaVerne T. Westmoreland passed away on _____ and her only heirs at law are Monty S. Westmoreland, Ron A. Westmoreland, and Timothy L. Westmoreland.

Timothy L. Westmoreland
TIMOTHY L. WESTMORELAND, BENEFICIARY

STATE OF LOUISIANA
COUNTY OF Orleans
PARISH

Personally appeared before me, the undersigned authority in and for said county and state, on this 17th day of August 2002, within my jurisdiction, the within named TIMOTHY L. WESTMORELAND acknowledged that he executed the above and foregoing instrument

[Signature]
NOTARY PUBLIC

MY COMMISSION EXPIRES: *at death*

PREPARED BY AND RETURN TO:
ERIC L. SAPPENFIELD
6858 SWINNEA ROAD
#5 RUTLAND PLACE
SOUTHAVEN, MS 39671
(662) 349-3436
FILE #9594



MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

BK1569PG0692

TYPE OR PRINT
WITH BLACK INK

FILING
DATE

MAR 02 2001

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE
NUMBER

123-01-002673

DECEASED

1. NAME First Middle Last LAVERNE THEDA WESTMORELAND			2. SEX FEMALE		3a. HOUR OF DEATH 3:30p		3b. DATE OF DEATH (Month, Day, Year) FEBRUARY 17, 2001		
4. RACE (Specify White, Black, American Indian, etc.) WHITE		5a. AGE AT LAST BIRTHDAY 76 Years		ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS		6. DATE OF BIRTH (Month, Day, Year) JULY 22, 1924		7a. COUNTY OF DEATH DESOTO	
7b. CITY OR TOWN OF DEATH WALLS		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) 7285 POPLAR CORNER				7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM OR DOA		8. STATE OF BIRTH ARK.	
9. DECEDENT'S EDUCATION (Specify only highest grade completed) (0-12) 4			10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		11. SURVIVING SPOUSE (If wife, give maiden name) N/A		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO		
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN		14. SOCIAL SECURITY NUMBER 568-24-1443		15a. USUAL OCCUPATION (Kind of work done most of working life) SUNDAY SCHOOL DIR.		15b. KIND OF BUSINESS OR INDUSTRY BETHEL BAPTIST CHURCH			
16a. RESIDENCE—STATE MS		16b. COUNTY DESOTO		16c. CITY OR TOWN WALLS		16d. INSIDE CITY LIMITS (Specify Yes or No) NO		16e. STREET AND NUMBER OR RURAL LOCATION 7285 POPLAR CORNER	

PARENTS

17. FATHER—NAME First Middle Last DAVID E. TAYLOR			18. MOTHER—NAME First Middle Maiden MARGARET LEWIS		
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INFORMANT

19a. INFORMANT—NAME (Type or print) RON WESTMORELAND		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 6820 HICKORY CREST, WALLS, MS. 38680	
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DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		20b. CEMETERY, CREMATORY—NAME FOREST HILL SOUTH		20c. LOCATION (City and State) MEMPHIS, TN.		21a. EMBALMER—SIGNATURE AND NUMBER ROY BLAYLOCK 3586	
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER FOREST HILL SOUTH 920		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2545 E. HOLMES ROAD, MEMPHIS, TN. 38118					

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Dawn Miller, R.N.		22b. PRONOUNCED DEAD (Month, Day, Year) ON Feb. 17, 2001		22c. PRONOUNCED DEAD (Hour) AT 4:45P	
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CERTIFIER

23a. CERTIFIER—NAME (Type or print) JEFFERY POUNDERS, CORONER		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 POUNDERS RD., NESBIT, MS. 38651	
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE Jeffery P. Pounds MD		24b. On the basis of examination and/or investigation in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE Jeffery P. Pounds	
24c. DATE SIGNED (Month, Day, Year) Feb. 20, 2001		24d. STATE LICENSE NUMBER Desoto CMEI	
24e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24f. DATE SIGNED (Month, Day, Year) Feb. 20, 2001	

CAUSE OF DEATH

25. PART I: DEATH CAUSED BY: (a) Alzhiemers DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death	
26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		Interval between onset and death	
27. AUTOPSY (Yes or No) No		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes	
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)	
29c. HOUR OF INJURY		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	
29g. LOCATION		Street or route number City or town State	

Had Decedent been Pregnant Within 90 Days Prior to Death?
☐ Yes ☐ No

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Judy Moulder
Judy Moulder
STATE REGISTRAR

AUG 12 2002

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

DECLARATION OF TRUST

WHEREAS, I, LaVerne T. Westmoreland of County of Desoto, 7285 Poplar Corner, Walls, MS 38680, am the mortgagor of certain real property located:

(1) House at 8195 Whitehead, Southaven, MS mortgaged 2-1-98 to Scott Clifton for \$50,000 at \$418.22 per month for 20 years.

NOW, THEREFORE; KNOW ALL MEN BY THESE PRESENTS, that I do hereby acknowledge and declare that I hold and will hold said real property and allright, title and interest in and to said property and all furniture, fixtures and real and personal property situated therein in trust for the use and benefit of the following persons, in equal shares per stirpes

Monty S. Westmoreland, Ron A. Westmoreland, Timothy L. Westmoreland

Upon my death, unless all the beneficiaries shall predecease me or we all shall die as a result of a common accident or disaster, my Successor Trustee is hereby directed forthwith to transfer said property and all right, title and interest in and to said property unto the beneficiary/beneficiaries absolutely and thereby terminate this trust; provided, however, that if any beneficiary hereunder shall then be a minor, the Successor Trustee shall hold the trust assets in continuing trust until such beneficiary attains the age of twenty-one years. During such period of continuing trust the Successor Trustee, in his absolute discretion, may retain the specific trust property herein described if he believes it in the best interest of the beneficiary so to do, or he may sell or otherwise dispose of such specific trust property, investing and reinvesting the proceeds as he may deem appropriate. If the specific trust property shall be productive of income or if it be sole or otherwise disposed of, the Successor Trustee may apply or expend any or all of the income or principal directly for the maintenance, education and support of the minor beneficiary without the intervention of any guardian and without application to any court. Such payments of income or principal may be made to the parents of such minor or to the person with whom the minor is living without any liability upon the Successor Trustee to see to the application thereof. If any such minor survives me but dies before the age of twenty-one years, at his or her death the Successor Trustee shall deliver, pay over, transfer and distribute the trust property being held for such minor to said minor's personal representatives, absolutely.

It shall be understood that the Trustee and/or Successor Trustee are not required or ever shall be required to record this document with the probate court. This document is to serve independent of such court.

2. I reserve unto myself the power and right a) to place mortgage or other lien upon the property, and b) to collect any rental or other income which may accrue from the trust property and, in my sole discretion as Trustee, either c) to accumulate such income as an addition to the trust assets being held hereunder or pay such income to myself as individual.

3. I reserve unto myself the power and right at any time during my lifetime to amend or revoke in whole or part of the trust hereby created without the necessity of obtaining the consent of any beneficiary and without giving notice to any beneficiary. The sale or other disposition by me of the whole or any part of the property held hereunder shall constitute as to such whole or part a revocation of this trust.

4. The death during my lifetime, or in a common accident or disaster with me, of all of the beneficiaries designated hereunder shall revoke such designation, and in the former event, I reserve the right to designate new beneficiaries. Should I for any reason fail to designate such new beneficiaries, this trust shall terminate upon the death of myself and the trust property shall revert to my estate.

5. This Declaration of Trust shall extend to and be binding upon the heirs, executors, administrators and assigns of the undersigned and upon the Successor to the Trustee.

6. I as Trustee and my Successor Trustee shall serve without bond.


7. This Declaration of Trust shall be construed and enforced in accordance with the laws of the State of Mississippi.

8. In the event of the physical or mental incapacity or death of myself, I hereby nominate and appoint as Successor Trustee hereunder the beneficiary named first above, unless such beneficiary shall not have attained the age of 21 years or is otherwise legally incapacitated, in which event I hereby nominate and appoint as Successor Trustee hereunder the beneficiary named second above. If such beneficiary named second above shall not have attained the age of 21 years, or is otherwise legally incapacitated, I hereby nominate and appoint Monty S. Westmoreland of 7285 Poplar Corner, Walls, MS 38680 to be Successor Trustee.

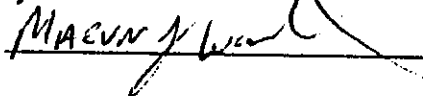
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 5th day of November 1998.


Laverne T. Westmoreland

Witness:



Witness:



STATE OF MISSISSIPPI

COUNTY OF DESOTO

On the 5th day of November 1998 personally appeared Laverne Westmoreland known to me to be the individual who executed the foregoing instrument, and acknowledged the same to be her free act and deed before me.


Notary Public

My commission expires: 2-17-2000

Drafted by: Laverne T. Westmoreland of 7285 Poplar Corner, Walls, MS 38680